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FORM D **PROCESSED** 

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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SEP 1 2 2008 W THOMSON REU(ERS

## FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR

SEC USE ONLY							
Prefix	Serial						
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DATE RECEIVED							
1 .	Ì						

Name of Offering ( check if this is an amendment	and name has changed, and indicate change.)	005
CE Technologies, Inc Rights Offering of Series B Prefer	red Shares	DDOCESSE
	4  Rule 505  Rule 506  Section 4(6)	ULOE PROS
Type of Filing: New Filing Amendment		PROCESSE SEP 1 2 7008
	A. BASIC IDENTIFICATION DATA	3. DL1
. Enter the information requested about the issuer		THOMSON REL
Name of Issuer ( check if this is an amendment and	name has changed, and indicate change.)	
CE Technologies, Inc.		
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
300 Park Avenue, Suite 1700, New York, NY 10022		(905) 846-7045
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business		
The Company delivers assessment, training, certification a	nd related services in the US market for its clients.	
	rtnership, already formed other (	please sī
Actual or Estimated Date of Incorporation or Organization Jurisdiction of Incorporation or Organization: (Enter two		

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### · ATTENTION ·

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not SEC 1972 (6-02) required to respond unless the form displays a currently valid OMB control number.

### A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: | Beneficial Owner Executive Officer Promoter Director General and/or Managing Partner Daniel J. Steneker Full Name (Last name first, if individual) c/o CE Technologies, Inc., 300 Park Avenue, Suite 1700, New York, NY 10022 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer Director Promoter General and/or Managing Partner Robert Long Full Name (Last name first, if individual) 520 Madison Avenue, 27th Floor, New York, NY 10022 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner **Dudley Cottingham** Fuli Name (Last name first, if individual) 16 ParLaVille Road, Hamilton, Bermuda Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Arthur Morris Full Name (Last name first, if individual) 16 ParLaVille Road, Hamilton, Bermuda Business or Residence Address (Number and Street, City, State, Zip Code) Director General and/or Check Box(es) that Apply: Promoter Managing Partner Barry Fingerhut Full Name (Last name first, if individual) c/o CE Technologies, Inc., 300 Park Avenue, Suite 1700, New York, NY 10022 Business or Residence Address (Number and Street, City, State, Zip Code) Executive Officer Promoter Beneficial Owner ☐ Director Check Box(es) that Apply: General and/or Managing Partner Continental Management Ltd. Full Name (Last name first, if individual) c/o CE Technologies, Inc., 300 Park Avenue, Suite 1700, New York, NY 10022 Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner Check Box(es) that Apply: Executive Officer ☐ Director General and/or Promoter Managing Partner Intercorp Communications Ltd. Full Name (Last name first, if individual) c/o CE Technologies, Inc., 300 Park Avenue, Suite 1700, New York, NY 10022 Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

_		• •			B. INF	ORMATIC	ON ABOU	T OFFER	ING				· · · · · · · · · · · · · · · · · · ·
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?										Yes	No ⊠	
	Answer also in Appendix, Column 2, if filing under ULOE.											6	
2.	What is	the minim	um investr	nent that w	rill be acce	pted from	any indivi	duai?		•••••••	•••••	\$ <u>N/A</u>	
3.	Does the	e offering 1	p <del>e</del> rmit joint	t ownershir	of a sing	le unit?						Yes ⊠	No □
4.			ion request									_	
			ilar remuner ted is an ass			•					_		
	or states	, list the na	me of the b	roker or de	aler. If mo	re than five	(5) person	s to be list	ed are asso				
Ful			first, if indi		morman	m tor mat	DIOKEI OI C	eater only	•			·	
N/A	-						<u> </u>					··-	
Bu	siness or l	Residence	Address (N	umber and	Street, Ci	y, State, Z	ip Code)						
Na	me of Ass	ociated Br	oker or Dea	aler							•	•	
_													
Sta			Listed Has " or check i									[T] A11	l States
	_												
	IL I	[AK]	IA	KS	CA KY	CO	ME	MD	DC MA	FL MI	GA MN	MS	MO
	MT	NE	NV	NH	ľУ	NM	NY	NC	ND	ОН	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	wv	WI	WY	PR
Fu	ll Name (	Last name	first, if indi	Full Name (Last name first, if individual)									
	Business or Residence Address (Number and Street, City, State, Zip Code)												
Bu	siness or	Residence	Address (N	lumber and	i Street, C	ity, State, 2	Zip Code)	<del>_</del> -				<del></del>	
_					i Street, C	ity, State, 2	Zip Code)						
_			Address (N		i Street, C	ity, State, 7	Zip Code)			<u>-</u>			
Na	me of Ass	sociated Br	roker or De	aler s Solicited	or Intends	to Solicit	Purchasers			···-			
Na	me of Ass	sociated Br	roker or De	aler s Solicited	or Intends	to Solicit	Purchasers			·			l States
Na	me of Ass tes in Wh (Check	sociated Braich Person "All States	n Listed Has s" or check	aler s Solicited individual	or Intends States)	to Solicit	Purchasers	DE	DC	FL	GA	HI	ID
Na	me of Ass tes in Wh (Check	sociated Braich Person "All States  AK  IN	n Listed Has	s Solicited individual  AR  KS	or Intends States)  CA  KY	to Solicit	Purchasers  CT  ME	DE MD	DC MA	FL MI	GA MN	HI MS	ID MO
Na	me of Ass tes in Wh (Check	sociated Braich Person "All States	n Listed Has s" or check	aler s Solicited individual	or Intends States)	to Solicit	Purchasers	DE	DC	FL	GA	HI	ID
Na	me of Ass tes in Wh (Check AL IL MT	ich Person "All States  AK IN NE SC	n Listed Has s" or check AZ IA	s Solicited individual  AR  KS  NH  TN	or Intends States)  CA  KY  NI	to Solicit	Purchasers  CT  MB  NY	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	MO PA
Na Sta	me of Assettes in What (Check  AL  IL  MT  RI  RI  Name (	ich Person "All State:  AK IN NE SC	Listed Hass or check  AZ  IA  NV  SD  first, if indi	s Solicited individual  AR  KS  NH  TN  ividual)	or Intends States)  CA  KY  NI  TX	CO LA NM UT	Purchasers  CT  MB  NY  VT	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	MO PA
Na Sta	me of Assettes in What (Check  AL  IL  MT  RI  RI  Name (	ich Person "All State:  AK IN NE SC	n Listed Has s" or check AZ IA NV	s Solicited individual  AR  KS  NH  TN  ividual)	or Intends States)  CA  KY  NI  TX	CO LA NM UT	Purchasers  CT  MB  NY  VT	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	MO PA
Na Sta	me of Assettes in What (Check  AL  IL  MT  RI  RI  Name (	AK IN NE SC Last name	Listed Hass or check  AZ  IA  NV  SD  first, if indi	s Solicited individual  AR  KS  NH  TN  ividual)	or Intends States)  CA  KY  NI  TX	CO LA NM UT	Purchasers  CT  MB  NY  VT	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	MO PA
Na Sta	me of Assettes in Whole (Check  AL  IL  MT  RI  RI  RI  RI  Siness or	ich Person "All States  AK IN NE SC  Last name Residence	Listed Hases or check  AZ  IA  NV  SD  first, if indicates (N	s Solicited individual  AR  KS  NH  TN  ividual)  Number and	or Intends States)  CA  KY  NI  TX  d Street, C	CO LA NM UT	Purchasers  CT  MB  NY  VT  Zip Code)	DE MD NC VA	DC MA ND	FL MI OH	GA MN OK	HI MS OR	MO PA
Na Sta	me of Assettes in What (Check  AL  IL  MT  RI  RI  RI  Ili Name (  siness or and of Assets in What (  attention of Assets in	ich Person  "All State:  AK  IN  NE  SC  Last name  Residence sociated B:	Listed Hases or check  AZ  IA  NV  SD  first, if indicates (Notes or December	s Solicited individual  AR  KS  NH  TN  ividual)  Number and aler  s Solicited	or Intends States)  CA  KY  NI  TX  d Street, C	CO LA NM UT	Purchasers  CT  MB  NY  VT  Zip Code)	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA
Na Sta	me of Assettes in What (Check  AL  IL  MT  RI  RI  RI  Ili Name (  siness or and of Assets in What (  attention of Assets in	ich Person  "All State:  AK  IN  NE  SC  Last name  Residence sociated B:	Listed Hass or check AZ IA NV SD first, if indi Address (Notes or December or December of	s Solicited individual  AR  KS  NH  TN  ividual)  Number and aler  s Solicited	or Intends States)  CA  KY  NI  TX  d Street, C	CO LA NM UT	Purchasers  CT  MB  NY  VT  Zip Code)	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Na Sta	me of Assettes in What (Check  AL  IL  MT  RI  RI  RI  RI  RI  RI  RI  Check  Accepted to the control of Assets in What (Check)	"All States  "All States  "All States  IN  NE  SC  Last name  Residence sociated Binich Person "All States	Listed Hass or check AZ IA NV SD first, if indi Address (Notes or December or December or December or Check	s Solicited individual  AR  KS  NH  TN  ividual)  Number and aler  s Solicited individual	or Intends States)  CA  KY  NJ  TX  d Street, Co  or Intends States)	CO LA NM UT  ity, State,	Purchasers  OT  MB  NY  VT  Zip Code)	DE MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \infty and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security	Aggrega Offering I		Αī	nount Already Sold
	Debt	;		s	
	Equity	2,000,0	00.00	s	1,937,111.00
	Common N Preferred Shares				
	Convertible Securities (including warrants)	;		5	
	Partnership Interests				
	Other (Specify)				
	Total				1,937,111.00
	Answer also in Appendix, Column 3, if filing under ULOE.	<del></del>		_	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				Аддтедате
		Numbe Investo			Oollar Amount of Purchases
	Accredited Investors		23	<b>s</b> _	1,937,111.00
	Non-accredited Investors		0	\$	0.00
	Total (for filings under Rule 504 only)			\$	
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.				
	Type of Offering	Type o		D	ollar Amount Sold
	Rule 505		N/A	5	0.00
	Regulation A			_	
	Rule 504			_	
	Total				
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			· ~ <u> </u>	
	Transfer Agent's Fees			\$	
	Printing and Engraving Costs			<u> </u>	······································
	Legal Fees		⊠	<u> </u>	15,000.00
	Accounting Fees		⊠	5	6,000.00
	Engineering Fees		$\overline{\Box}$	<u>,                                    </u>	•
	Sales Commissions (specify finders' fees separately)		$\overline{\Box}$	<u> </u>	
	Other Expenses (identify)			<b>\$</b>	
	Total		<u></u>	<u> </u>	21.000.00

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	C. OFFERING PRICE, NUM	IBER OF INVEST	ORS, EXPE	NSES AND USI	E OF PRO	CEEDS	
	b. Enter the difference between the aggregate offe and total expenses furnished in response to Part C-proceeds to the issuer."	-Question 4.a. Th	is difference i	is the "adjusted	gross		\$_1,979,000.00
5.	Indicate below the amount of the adjusted gross preeach of the purposes shown. If the amount for an check the box to the left of the estimate. The total o proceeds to the issuer set forth in response to Part	y purpose is not f the payments lis	known, furn sted must equ	ish an estimat	e and		
						Payments to	
						Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		·····		🗀 s		s
	Purchase of real estate				🗀 s		ss
	Purchase, rental or leasing and installation of ma	chinery	••••••				
	Construction or leasing of plant buildings and fa				_		
	Acquisition of other businesses (including the va offering that may be used in exchange for the ass issuer pursuant to a merger)	sets or securities	of another		<u> </u> s		. 🗆 \$
	Repayment of indebtedness				🔲 S		. 🗆 s
	Working capital			••••••	🔲 S	i	\$ 1,979,000.00
	Other (specify):				_ 🗆 🗆 \$		
					- 🔲 s		. 🗆 s
	Column Totals				🗀 1	<u> </u>	\$ 1,979,000.00
	Total Payments Listed (column totals added)					<b>⊠</b> \$	1,979,000.00
		D. FEDERAL	SIGNATUE	RE			
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fu information furnished by the issuer to any non-ac	irnish to the U.S.	Securities an	d Exchange C	ommissio	n, upon writte	ale 505, the following on request of its staff
Īss	uer (Print or Type)	Signature	X		Dat	4	
	Technologies, Inc.	Title of Siene		<del></del>	Sep	tember <u>,</u> 200	8
NZ	me of Signer (Print or Type)	Title of Signe	r (Frant of 1)	ype)			
Da	niel J. Steneker	President and C	hief Executive	Officer			

ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE
1.		62 presently subject to any of the disqualification Yes No
		See Appendix, Column 5, for state response.
2.	The undersigned issuer hereby undertak D (17 CFR 239.500) at such times as a	s to furnish to any state administrator of any state in which this notice is filed a notice on Form equired by state law. $N/A$
3.	The undersigned issuer hereby undertaissuer to offerees.	ces to furnish to the state administrators, upon written request, information furnished by the $N/A$
4.	limited Offering Exemption (ULOE) o	the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform the state in which this notice is filed and understands that the issuer claiming the availability ablishing that these conditions have been satisfied. $N/A$
	er has read this notification and knows th horized person.	contents to be true and has duly caused this notice to be signed on its behalf by the undersigned
`	Print or Type)	Signature Date
	nologies, Inc. Print or Type)	Title (Print or Types)
Daniel J.	Steneker	President and Chief Executive Officer

# Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	APPENDIX									
1	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				fication te ULOE attach tion of granted)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	N/A	N/A	
AL								×	X	
AK								×	×	
AZ						•		×	×	
AR								X	X	
CA								×	×	
со						-		×	×	
СТ								X	X	
DE								×	×	
DC								×	×	
FL		X	Series B Preferred	1	\$100,000.00	0	\$0.00	×	X	
GA	·	×	Series B Preferred	1	\$120,000.00	0	\$0.00	×	×	
н								×	X	
ID		×	Series B Preferred	1	\$3,059.00	0	\$0.00	×	X	
IL		×	Series B Preferred	1	\$500,001.00	0	\$0.00	×	X	
IN								×	×	
IA								×	X	
KS								×	X	
KY								×	×	
LA								×	×	
ME								×	×	
MD								×	×	
MA								×	X	
MI								X	X	
MN								X	X	
MS								×	X	

· · · · ·		·		APPE	NDIX	<u> </u>		· · · · ·	:	
1	Intend to sell to non-accredited investors in State (Part B-Item 1)		Intend to sell and aggregate of security and aggregate offering price investors in State		Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Ņ/A	N/A	
мо								×	×	
МТ								×	×	
NE								×	X	
NV	-							X	X	
NH		×	Series B Preferred	1	\$100,002.00	0	\$0.00	×	×	
NJ		X	Series B Preferred	1	\$300,000.00	0	\$0.00	×	X	
NM								X	X	
NY		X	Series B Preferred	10	\$633,784.00	0	\$0.00	X	X	
NC								×	X	
ND								×	X	
он					_			×	X	
OK								×	X	
OR								×	X	
PA		×	Series B Preferred	1	\$7,344.00	0	\$0.00	×	×	
RI								×	X	
sc								X	×	
SD								X	×	
TN								X	×	
TX								X	×	
UT								×	×	
VT	1							×	×	
VA								X	×	
WA		×	Series B Preferred	1	\$1,500.00	0	\$0.00	X	X	

X

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X

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				APPE	NDIX				
I 2  Intend to sell to non-accredit investors in Sta (Part B-Item 1			Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	N/A	N/A
PR					<del>-, <u>-</u>, -</del>		<del></del>		

